

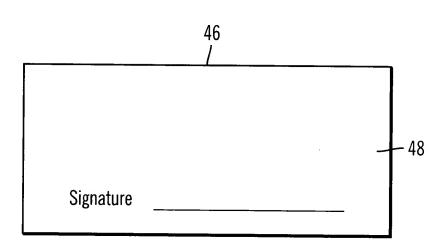
- 12

FIG. 1

FIG. 2

756-24-002 REPLACEMENT SHEET





Submit — 50 Clear — 52

FIG. 3

4/8



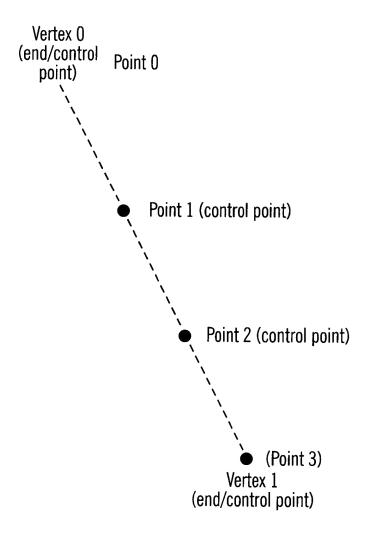
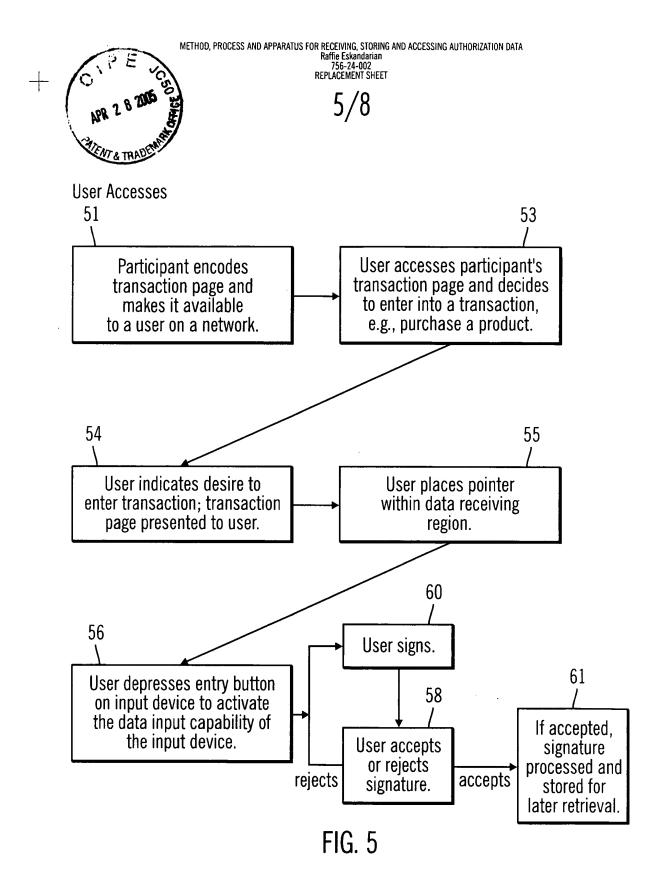
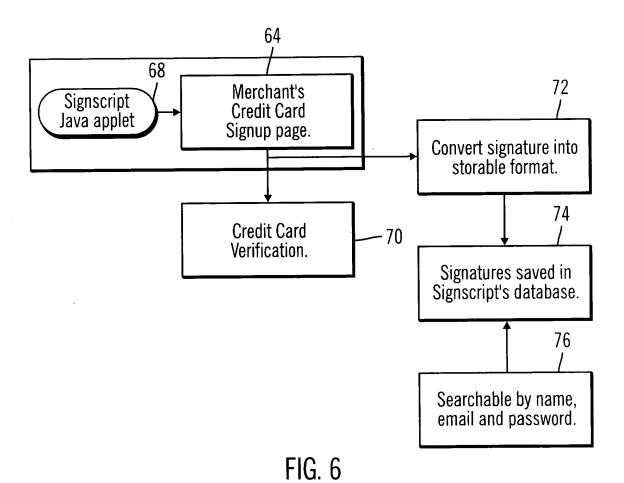


FIG. 4



756-24-0 REPLACEMENT





 \perp

ı		7/8
OIPE	Your Name:	
	Valid Email Address:	
PRADEMAN OF	Street Address:	
	City/State:	
	Zip (Postal Code):	
	Country:	UNITED STATES OF AMERICA
	Username:	66
		(Alpha-numeric and at least 3 characters)
	Password:	
		(Alpha-numeric and at least 3 characters)
	Confirm Password:	
	Card Number:	
		(Numbers only, no dashes or spaces)
	Expiration Date:	October 2001
Please sign with your mouse below for verification.		
•	Signature _	68
		Signscript TM

Submit Info Clear Info FIG. 7

Clear

8/8



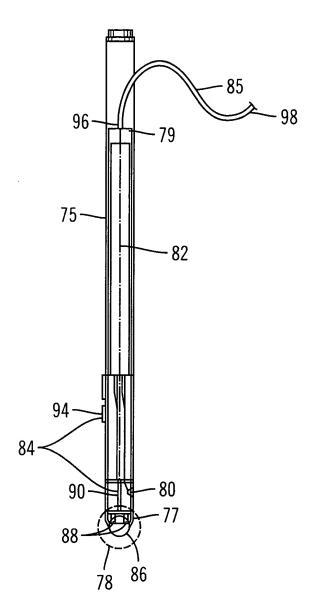


FIG. 8